

THE HONORABLE MARK R. WARNER
PRIVACY ACT RELEASE

I am aware that the Privacy Act of 1974 prohibits the release of information regarding my case without my express written approval. Therefore, I authorize the following agency or agencies to release information regarding my concerns to the office of Senator Mark R. Warner (VA).

Name of government agency or department

The following is personal information that I am providing to Senator Warner's office to help in resolving my case:

Street Address	City	State	Zip code
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Home Phone Number	Alternate Phone Number	Email Address (opt in)
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Mr./Ms./Mrs./Dr. (circle one)	Printed Name	Date	Signature
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If I wish Senator Warner's office to provide any information on this matter to another person such as parent, child or attorney, I have indicated those names here:

Please provide the following information for Senator Warner's office to move forward on your case:

If an active military or Veteran's Administration case, include:

SS# _____ Serial# _____

If a Social Security, Medicare, or ACA case, include:

SS# _____ Date of birth _____

If an OPM case, include:

SS# _____ CSA# _____ Date of birth _____

If an USCIS, State Department or visa case, include:

Alien # _____ Receipt# _____ Date of birth _____

If a Passport application case, include:

SS# _____ Application # _____ Date of birth _____

If a Department of Education case, include:

SS# _____ Account #: _____

If an IRS or Labor Department case, include:

SS# _____ EIN# _____ OWCP# _____